

Pharmacy Point of Sale (POS) and the Forward ID Card

The Wisconsin Department of Health and Family Services (DHFS) is implementing a pharmacy Point of Sale (POS) electronic claims management system for Medicaid fee-for-service providers statewide. The POS system enables providers to submit real-time claims for immediate adjudication and eligibility verification in conjunction with a permanent plastic ID card called the Forward card. The Forward ID card replaces the current monthly paper recipient ID card. Medicaid and BadgerCare recipients will receive the Forward ID card. The implementation of POS affects all pharmacy providers billing Wisconsin Medicaid. This notice provides an overview of the POS implementation and other changes that are needed for all pharmacy claim submissions.

Pilot implementation

A POS pilot program, which includes real-time claim submission, began July 7, 1999, in the following counties: Columbia, Dane, Dodge, Green, Iowa, Jefferson, Lafayette, Rock, Sauk, and Walworth. A pilot program for the new Forward ID card began August 1, 1999, in the same counties.

Statewide implementation

The date for statewide implementation of POS is September 22, 1999. Point of Sale will be implemented statewide prior to the new Forward ID card, which will be implemented statewide in October 1999.

Overview of Point of Sale

The POS system enables Medicaid providers to submit electronic pharmacy claims in an on-line, real-time environment. Providers can submit real-time claims for legend and over-the-counter (OTC) drugs. The real-time claim submission verifies recipient eligibility, including other health insurance coverage, and monitors Medicaid drug policies. Claims are also screened against recipient medical and prescription history within the Medicaid system. Once these processes are complete, the provider receives an electronic response indicating payment or denial within seconds of submitting the real-time claim.

Providers will continue to submit Medicaid managed care recipient claims to the managed care organization.

The POS system will include Prospective Drug Utilization Review (DUR) alerts to notify pharmacists of potential problems before filling specific prescriptions.

- Prospective DUR will be implemented after statewide POS implementation.
- Prospective DUR will be phased in gradually to allow pharmacies the opportunity to become familiar with the alerts and how to respond to them.

Claim processing features

With the implementation of the POS system, providers may choose from the following claim submission options:

- Real-time.
- Paper.
- Electronic Media Claims (EMC).

Real-time claim submission

- Wisconsin Medicaid is adopting the National Council on Prescription Drug Programs (NCPDP) telecommunication standard formats using versions 3.2 variable, 3C, and 4.0 variable, enabling providers to:
 - ❖ Initiate new claims and reverse (adjust) previously paid real-time claims.
 - ❖ Submit individual claims within an electronic transmission.
 - ❖ Submit claims for pharmaceutical care services.
 - ❖ Submit claims for compound drugs (using only NCPDP version 4.0 variable).
- Real-time transactions of pharmacy services are submitted to the Medicaid fiscal agent via an approved switch vendor. Providers receive real-time claim responses. Either the pharmacy provider or the software vendor needs to work with an approved POS switch vendor to submit real-time claims.

Paper claim submission

- Providers are still able to submit paper claims for pharmacy services. Paper claims are processed through the POS system but do not furnish real-time claim responses to the provider.
- The Wisconsin Medicaid drug claim form has been revised to accommodate the NCPDP standards. In addition, a new claim form is available specifically for

compound drug claim submissions. All pharmacy providers who submit paper claims will be required to use the new claim forms when the POS system is implemented statewide.

Electronic Media Claim submission

- Providers may continue to use EMC for submitting pharmacy claims to the fiscal agent. Electronic media claims are processed through the POS system but do not furnish real-time claims response to the provider.
- The fiscal agent's pharmacy EMC software will be discontinued. Do not use this software after statewide implementation of the POS system. Pharmacies that currently use the fiscal agent's software are encouraged to consider other billing options.

Switch vendors

Switch vendors transfer provider claims to the fiscal agent. Some switch vendors also offer pharmacy software. Providers who submit real-time claims can sign an agreement with one of the following approved switch vendors:

- MedEAmerica (800) 433-4893.
- Envoy Corporation [switching services, (800) 366-5716].
- QS1 [sales/marketing, (800) 845-7558].

- National Data Corporation (NDC) [switching services, (800) 388-2316].

Any switch vendor, in addition to those listed in this hand-out, may participate. Interested switch vendors should contact the fiscal agent's EMC department.

Provider training

- Specially trained staff and pharmacy consultants will be available through a dedicated POS HelpDesk for providers.
- Pharmacy handbook replacement pages and any other provider resource materials will be sent to all Medicaid-certified pharmacy providers prior to statewide implementation.
- Division of Health Care Financing (DHCF) and fiscal agent staff will conduct the following educational teleconferencing network (ETN) sessions.

Type of training	Date	Time
Training for providers statewide	September 15, 1999	7 p.m. to 9:50 p.m.
	September 16, 1999	1 p.m. to 3:50 p.m.

Point of Sale and the Forward ID card

When you submit a real-time claim using the recipient's Forward ID card, the POS system verifies recipient eligibility as part of claims adjudication. No further eligibility verification steps are necessary for real-time claim submission. Real-time claims receive the following eligibility information with the real-time claim response, when appropriate:

- Eligibility status for the date(s) of service requested.
- Health insurance and/or Medicare coverage.
- Managed care enrollment status.
- Recipient Lock-In (restrictions that require recipients to designate a health care provider for any or all categories of health care).
- Limitations on Medicaid coverage.

If you do not submit real-time pharmacy claims via the POS system, you will need to use a different method to verify eligibility. Providers who submit paper and EMC claims are able to access the Eligibility Verification System (EVS) to verify recipient eligibility. Providers can access EVS using the following methods:

- Automated Voice Response (AVR) system at (800) 947-3544 or (608) 221-4247.
- Provider Services at (800) 947-9627 or (608) 221-9883.
- Purchase a device/software from one of the state-contracted commercial eligibility verification vendors.
- Direct Information Access Line with Updates for Providers (Dial-Up). Providers may purchase this system from the fiscal agent. For more information, call (608) 221-4746 and ask for the EMC Department.

If you have questions about POS, call (608) 221-4746, ext. 3037 or 3040. To order new claim forms (form 1141 for non-compound drugs and form 1142 for compound drugs), write to: Form Reorder, 6406 Bridge Rd., Madison, WI 53784-0003, or call (800) 947-9627 or (608) 221-9883.